

CANCER-ONLY INSURANCE

Underwritten by Transamerica Life Insurance Company, Home Office, Cedar Rapids, Iowa.



CancerSelect offers indemnity benefits for the direct medical and indirect non-medical costs of cancer treatment. Benefits are paid directly to you or anyone you choose and are paid in addition to any other insurance you have. Premiums are convenient with payroll deduction.

In-Hospital Benefits (No lifetime maximums unless stated)

Hospital Confinement: You select a hospital benefit—\$200, \$300, \$400, or \$500 per day—for up to 75 days of covered confinement.

Extended Benefits: Beginning with the 76th day of continuous confinement, CancerSelect will pay the usual and customary charges for in-hospital medical costs in lieu of all other benefits (except surgery and anesthesia, which remain the same). Does not include confinements covered by the transplant benefit, as described below.

Government or Charity Hospital: For hospital treatment where you are not required to pay for most services—in lieu of all other benefits—CancerSelect will pay \$200 per day for first 10 days of covered Hospital Confinement; \$125 per day thereafter or \$75 per outpatient radiation therapy or chemotherapy.

Attending Physician: \$45 for first day; \$30 each day thereafter.

Private-Duty Nurse: \$100 per day.

Drugs and Medicines: \$25 per day or \$250 per confinement, whichever is greater.

Transplants: If a bone marrow transplant or replacement of a cancerous vital organ is required, coverage will pay a lump-sum indemnity benefit of \$30,000 in lieu of all other benefits for confinements and outpatient treatments due to the transplant (except Bone Marrow Donor's Benefit).

Out Patient Benefits (No lifetime maximums unless stated)

Physician: \$60 for one visit by your physician, other than the surgeon, on the day of outpatient surgery.

Drugs, Medicines, Lab: \$250 for drugs and tests related to outpatient surgery that are received not more than 30 days before or after outpatient surgery.

Hospice Care: \$75 per day at hospice center or for a visit to your home by hospice team. \$7,500 lifetime maximum.

2nd and 3rd Surgical Opinions: \$150 each opinion.

Skin Cancer: \$200 per diagnosis for the removal of skin cancer; \$400 per calendar year. Pathological diagnosis not required. With pathological diagnosis, all applicable benefits in policy schedule will be paid.

Extended Care Facility: \$40 per day, up to the number of days of hospital stay when admitted within 14 days of hospital discharge.

In- or Out-of-Hospital Benefits (No lifetime maximums unless stated)

Radiation Therapy: Pays actual charges from \$5,000 to \$15,000 (your choice, in \$5,000 increments) each calendar year for treatments. **Chemotherapy Drugs:** Pays actual charges from \$5,000 to \$15,000 (your choice, in \$5,000 increments) each calendar year for chemotherapy drugs.

Blood, Plasma, and Blood Components (e.g., Platelets): Pays actual charges from \$5,000 to \$15,000 (your choice, in \$5,000 increments) each calendar year for blood, plasma, and components including administration, transfusion, processing, procurement, and cross matching.

Experimental Treatment: Pays usual and customary charges of up to \$4,000 per year for drugs, chemicals, surgery, or therapy approved by FDA, NCI, or ACS.

Related Radiation and Chemotherapy Expenses:

- 1) Pays charges of up to \$250 per year for consultation, planning, exams, checkup, drugs for side effects, etc.
- 2) Pays charges of up to \$75 for wig or hair piece for hair loss from radiation or chemotherapy. Lifetime maximum of \$75.

Surgery: Up to \$3,000 for in-hospital surgery as scheduled in the policy. Pays up to \$4,500 for outpatient surgery (including biopsies).

Anesthesia: 25% of covered Surgery Benefit.

Laboratory Tests: \$150 per Period of Hospital Confinement. \$300 for outpatient tests done within 30 days prior to Period of Hospital Confinement (in lieu of in-hospital lab tests).

In-Hospital Diagnostic Tests: Up to \$300 for biopsies; \$150 for other tests per Period of Hospital Confinement, as shown in the policy schedule.

Out-of-Hospital Diagnostic Tests: \$300 for tests other than biopsies to detect, support, or confirm a positive diagnosis, or \$300 for diagnostic tests done within 30 days prior to a Period of Hospital Confinement (in lieu of in-hospital diagnostic tests).

Reconstructive Surgery: Charges (as scheduled in the policy) of up to \$750 for reconstructive surgery within two years of cancer removal. Lifetime maximum for skin cancer is \$500; other cancers have no lifetime maximum.

Prosthesis: Usual and customary charges of up to \$1,000 per prosthetic device requiring implantation.

Physical and Speech Therapy: \$25 per treatment (limit one per day). \$1,000 lifetime maximum.



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Policy Form Series LPC01XX. Forms may vary, coverage available where product is approved.

Non-Medical Benefits (No lifetime maximums unless stated)

Transportation: When non-local hospital confinement (over 50 miles from your residence) is required, this benefit pays:

- 1) actual round-trip charges by common carrier, or private vehicle allowance of \$.35 per mile (up to 700 miles) round trip.
- 2) actual round-trip charges by common carrier for you or your spouse to accompany a child who is a covered person and requires non-local hospital confinement. Payable once per Period of Hospital Confinement.

Family Member Lodging and Transportation: When non-local hospital confinement is required, this benefit pays:

- 1) charges not to exceed \$40 per day at a motel, hotel, or other accommodations for an adult member of your immediate family. Maximum benefit is \$2,400 per Period of Hospital Confinement.
- 2) actual round-trip charges by common carrier for an adult member of your immediate family.

Ambulance: Pays charges up to \$2,000 per trip for admission to a hospital. Transportation in excess of 100 miles must be to the nearest hospital providing your necessary medical treatment. No maximum number of trips.

Bone Marrow Donor's Expenses: This benefit pays:

- 1) actual round-trip transportation charges by common carrier to hospital where transplant is performed;
- 2) for medical expenses directly related to the transplant, not to exceed \$1,000;
- 3) food and lodging expenses not to exceed \$75 per day (up to 21 days) when the donor is requested to remain near the hospital for the possible donation of additional blood components.

Waiver of Premium: After the insured employee has been totally disabled due to cancer for 60 days, premiums due will be waived for the remainder of the total disability. Only applies to the Insured.

Continuation of Coverage on Dependent Children: If both parents die under a Family Policy; or if the Insured dies under a Single-Parent Family Policy, child coverage will be continued until the child's 18th birthday. No premiums are required when coverage is continued under the provision.

Limitations and Exclusions

A claim may be reduced or denied or the policy/certificate voided if during the first 24 months if you make a material misrepresentation on the application or at any time if you make a fraudulent misstatement.

No benefits will be paid for any excluded form of cancer, a loss not due to cancer; or any person diagnosed with cancer during the 30-day waiting period. (This exclusion varies by state. Refer to your contract for details.)

"Hospital" does not include an institution operated as a convalescent home, convalescent, rest, or skilled nursing care facility, or hospice care center or facility primarily affording custodial, rehabilitative, or educational care; or facility for the aged, or addicted.

Renewability: The Cancer Policy/Certificate is guaranteed renewable for life. The premium may only be changed after you have been notified in advance and if it is changed for all of the policies/certificates in your class.

Family Coverage: Two-Adult Coverage includes the Insured and spouse. Single-Parent Coverage includes the Insured and all eligible children. Family Coverage includes the Insured, spouse, and all eligible children. Newborn children are automatically covered under the terms of the policy from the moment of birth. (The definition of children varies by state.)

Termination: Coverage will terminate upon the earliest of any covered person's death; By reason of the insured written request received by us; Failure to pay the renewal premium before the grace period ends; or Failure to be eligible for coverage.

Refer to your contract for complete details.